

ORIGINAL

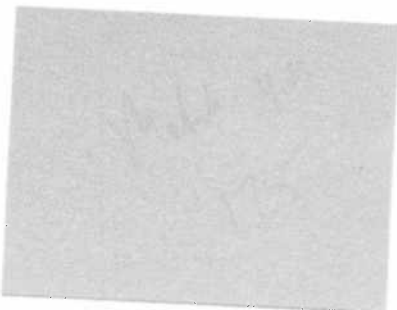
**Monroe County
Human Services Advisory Board
Application for Funding
Fiscal Year 2012**

Respectfully Submitted

By

Samuel's House, Inc.

April 21, 2011



**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Samuel's House, Inc.
Physical Address	1614 Truesdell Court
Mailing Address	1614 Truesdell Court
City, State, Zip	Key West, Florida
Phone	305 296-0240
Fax	305 296-3901
Email	Samuelshouse1@comcast.net
Who should we contact with questions about this application?	Elmira Leto CEO and Executive Director

Amount received for prior fiscal year ending 09/30/10	\$77,000
Amount received for current fiscal year ending 09/30/11	\$75,000
Amount requested for upcoming fiscal year ending 09/30/12	\$75,000

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: Elmira Leto, CEO and Executive Director

Signature 

Date: April 1, 2011

Typed Name of Board President/Chairman: Noelia Carbonell

Signature 

Date: April 1, 2011

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

The mission of Samuel's House is to provide housing in a nurturing environment for homeless men, women, women and women with children, and families; and to provide them with care coordination beneficial to their physical, mental, emotional and spiritual well-being.

2. List the services your agency provides.

Samuel's House provides the following services:

- Housing for homeless women and their children including Emergency Shelter and Long-term Structured Living and Permanent Housing for families.
- Case management
- In-house essential supportive services and transportation to off-site supportive services
- Referral-from and referral-to other agencies serving the homeless

3. What services will be funded by this request?

Specifically, funds received from the 2011 HSAB grant will be used for:

- General agency operations such as utilities (electric, water, sewer, phone), maintenance and security
- Case management services

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes ☐ No ☒

If yes, please circle the new category for which you would like to be considered:

Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical ☒ Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

Yes

6. If you answered "yes" to number four, please specify the:

- a. Grant award title, granting agency, and purpose:
Emergency Shelter Grant, State of Florida, Case Management and Operations
- b. Grant amount: \$65,000
- c. Match percentage requirement and amount: dollar-for-dollar, \$65,000

-
- a. Grant award title, granting agency, and purpose: Klaus Murphy Foundation, for client fees
 - b. Grant amount: \$40,000

c. Match percentage requirement and amount: dollar-for-dollar, \$40,000

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent

With last year's HSAB funds, 176 clients were provided with assistance in the form of general shelter operations: safe housing, electric, water, sewer, phone, maintenance, security as well as case management services.

b. how they were used to leverage additional funding.

With last year's HSAB funds, Samuel's House provided matching funds in the amount of \$75,000 to the State of Florida Emergency Shelter Grant. This dollar-for-dollar match was required in order to obtain a grant to operate the emergency shelter. The grant award was for \$150,000.
This year if awarded by (HSAB); a \$65,000 dollar for dollar match will be designated to The Emergency Shelter grant, awarded (in March) to us in the amount of \$65,000. Due to state funding cuts the award this year was \$85,000 less than previous years.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? This is *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*
No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*
No

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.

Samuel's House will apply for Sheriff's Forfeiture Funds and BYRNE Grant funds if they become available. The amount allocated will depend on announcement allocation.

11. What needs or problems in this community does your agency address?

- a. **Problem One:** In Monroe County, there is an "unmet need" for emergency shelter and long-term housing with supportive services for homeless women and their families and for affordable, permanent housing for families.
- b. **Problem Two:** For various reasons, homeless women and their families often do not access supportive services available to them and to their children in Monroe County.

12. What statistical data support the needs listed in number nine?

Problem One Supporting Data:

As demonstrated in the following statistics, there is a great "unmet need" for emergency shelter and long-term housing in Monroe County:

- a. According to the Southernmost Homeless Assistance League (SHAL) website, on January 27, 2010, there were 1,040 unsheltered persons living in Monroe County.
- b. In 2010, Samuel's House received 212 requests for services
- c. Samuel's House records reveal 175 new clients were served with shelter in 2010. Of this number, 30 were moms and 48 were accompanying children. An additional 70 single women were served
- d. During the year, 4 pregnant women gave birth while living at Samuel's House, causing the number of children served in 2010 to rise. (It is important to note that Samuel's House, as an agency serving women, is not compensated for housing and other services it provides to children.)

The Southernmost Homeless Assistance League (SHAL) conducts an annual Point-In-Time count of homeless persons living in Monroe County in order to calculate the number of homeless persons in emergency shelter, transitional housing and long-term housing. The count also provides a snap-shot of the "unmet need" for the various types of shelter through counting and tabulating unsheltered individuals and families living in Monroe County. The "unmet need" is currently being re-evaluated and will be published later this spring in the annual Continuum of Care (CoC) report submitted to the U.S. Department of Housing and Urban Development. In previous years, SHAL announced that "the homeless population had dropped to 1,018" (2005). As of this date, SHAL reports that the number of people in need of housing has remained slightly over 1,000 while the County population has decreased resulting in an increase in the ratio of homeless people within the county. (<http://www.shal.cc/facts.html>)

Problem Two Supporting Data: Although Monroe County has a wealth of mainstream resources available to homeless women and their families, as demonstrated by the latest CoC Services Chart, its' geography challenges the delivery of these services that are scattered throughout the county, making them difficult or impossible to access. In other words, services are available, but the lack of transportation to these services continues to be a problem.

HUD divides services into three categories; Prevention, Outreach and, Supportive Services. Services reported available by provider organizations in Monroe County include*:

- **Prevention:** Mortgage/Rental Assistance, Utilities Assistance, Counseling/Advocacy, Legal Assistance,
- **Outreach:** Street Outreach, Mobile Clinic, Law Enforcement
- **Supportive Services:** Case Management, Life Skills, Alcohol and Drug Abuse treatment and other services, Mental Health Counseling, Healthcare, HIV/AIDS services, Education, Employment, Child Care, Transportation

*Samuel's House provides multiple services in each category. (See Attachment C- Profile of Clients and Services)

13. What are the causes (not the symptoms) of these problems?

- **Problem One Causes:** There is little developable land in Monroe County. And none is priced within the reach of what housing providers such as Samuel's House can afford. Further complicating the crisis, Monroe County has been designated an "Area of Critical State Concern" by the State of Florida. This designation places development in Monroe County under the oversight of the State and limits the rate of growth through the Residential Rate of Growth Ordinance.

Another, major factor exists in that there is an overall absence of funding from all sources that is designated to, or can be used for, purchasing land for developing housing for the homeless.

- **Problem Two Causes:** As individuals are admitted into Samuel's House programs, their needs are assessed. Case management records indicate that many of the clients are unaware of services that are available to them. Others know about the services, but do not have private vehicles or funds to access public transportation.

14. Describe your target population as specifically as possible.

The emergency shelter at Samuel's House serves women of all ages who, for reasons such as financial crisis, substance abuse, incarceration, domestic violence, mental illness, or other traumatic events, have found themselves homeless. The children who may accompany them are both male and female, and range in age from birth to eighteen. In order to facilitate family unity, adolescent boys may stay at the shelter with their mothers. In 2010, Samuel's House opened "Casa de Meredith" permanent housing facility where families live and receive elective supportive services including case management.

15. How are clients referred to your agency?

Clients are referred to Samuel's House by other nonprofit and community organizations, law-enforcement agencies, medical and addiction service facilities, faith-based groups such as churches, and member agencies of the Southernmost Homeless Coalition (SHAL). However, the largest numbers of clients are self-referred. They find their ways to Samuel's House through word-of-mouth, from the general homeless population and from women who have been helped at the facility in the past.

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

Eligibility: The only eligibility requirements for admission to Samuel's House are for the women to be homeless. Other admission guidelines include being sober, willing to remain sober and non-violent while in residence; and free of any current warrants. Before women are accepted as residents, they are provided with the guidelines for becoming clients as well as standards for continued residency and agree to abide by them.

Priority Need: In order to determine which clients are given priority after being admitted, Samuel's House employs the team approach method of triage and service delivery. Pregnant and women with children are given top priority.

Triage: Triage occurs when more than one woman arrives at Samuel's House at approximately the same time. For example; two women arrive at Samuel's House; one woman is obviously ill or injured - the other is not. The woman in medical crisis would be categorized as being the "neediest" at that time and would receive priority at that particular point.

Service Delivery: Upon entering Samuel's House, all women are assigned a Case Manager who assesses their immediate, intermediate and long-term needs. Issues classified as immediate are addressed as a priority. An individualized case-management plan is developed and followed to best attend the needs of each client.

17. Describe any networking arrangements that are in place with other agencies.

- Samuel's House has a fifty-year lease with the City of Key West/Key West Housing Authority. Estimated fair market value for a four-bedroom apartment is \$1800 per month. Samuel's House leases four units, which totals a fair market value of \$7200 per month and as well as a cost-savings to Samuel's House.
- Samuel's House participates in the nationwide HUD Continuum of Care which affords extra opportunity for individual agencies to combine their efforts, thus producing joint-and-cost-savings for all agencies involved.

- Samuel's House provides room-and-board in lieu of salary for 1 woman who works at the shelter. This represents an enormous cost-savings to both Samuel's House and these women.

18. List all sites and hours of operation.

Samuel's House is based at 1614 Truesdell Court, Key West, in the Poinciana Plaza, and clients of the agency reside at that location. However, Samuel's House clients come from all parts of Monroe County and benefit from every essential supportive service available throughout the county. Samuel's House accepts residents twenty-four hours a day, seven days a week and is available "on-demand" to serve clients 365-days-a-year.

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

- **Financial Challenges:** Financial challenges are a natural result of growth and service enhancement. It is a given that Samuel's House will continue to be challenged by such daily expenses as rapidly rising gasoline and utility costs. These increases greatly affect the cost of serving a client adequately.

By far the biggest financial challenge facing Samuel's House in the next two years, is the diminishing funding available from funding sources such as the Monroe County Human Services Board (\$100,000 requested; \$75,000 received). Funds for the SAMHSA "Women in Transition" program ended (some services have remained (i.e. weekly workshops). Care Center no longer participants in "WIT" due to funding withdrawal in September, 2010. Samuel's House has been forced to eliminate 5 key employees hired to carry out this program. Remaining staff has had to take reductions in salaries and at the same time, double their workloads in order to provide exemplary service to clients. Samuel's House will apply for additional SAMHSA funding in 2011 if it becomes available. Although Samuel's House realizes that such funding is never guaranteed, this funding *is* critical for meeting match requirements for other grants and for providing basic human needs for clients.

The opening of "Kathy's Hope" has been of great benefit to homeless women and women with children. However it has also presented financial challenges. As the number of beds doubled, operation costs have also increased dramatically. Additional, qualified staff has been required to adequately serve the population of "Kathy's Hope" - residents with alcohol/drug abuse issues and who are dually diagnosed.

A fourth challenge exists as HUD priorities continue to address only the "chronically homeless", ignoring the plight of women-in-crisis and their children who are homeless for the first time and contributing to the lack of funding needed to best address the needs of these women and children.

Samuel's House has a successful history of raising money and in-kind services for its clients. Samuel's House continues to develop relationships with previous and current donors. Fund-raisers are on-going and, though they are not long-term solutions to the upcoming financial challenge, they act as "fillers" where short-falls exist.

New Federal, State and County sources are being approached. This includes additional, less limiting, grant and contract funding through the U.S. Department Health and Human Services/Substance Abuse and Mental Health Services Administration. An application to SAMHSA, Center for Substance Abuse Treatment will be submitted in 2011 requesting funding to provide mental health and substance abuse services to families of Samuel's House clients. In addition, Samuel's House has applied for U.S. Housing and Urban Development funds in the form of a "Rural Innovation Fund" grant. A decision on this 3-year program grant is anticipated in the fall.

Samuel's House is exploring the opportunity of funding by several private foundations that have as their priorities, serving women with alcohol/drug issues and co-occurring disorders, and family services. A foundation (challenge) grant has been approved that will supplement HUD "RIFP" program funding and kick-start a new housing and employment program available to low-and very-low income residents of Monroe County.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

A number of organizational challenges will occur over the next two years:

- **Staffing:** Due to funding restrictions staff has been cut back and remaining staff has taken on the additional responsibility of filling job duties from those who were laid off because of funding. As funding will come available replacement of staff will take place. Thus far, services have not been greatly affected.
- **Geography:** The expansion to allow actual services into the Middle and Upper Key is also hindered by decreases in funding availability. Clients must still travel and/or relocate for the 90 days to receive emergency shelter services in Key West.
- **Transportation:** Samuel's House offers transportation services to clients who must travel outside Key West to access essential supportive services such as medical appointments. We currently have a volunteer driver for our 15 passenger bus. We are actively looking for additional drivers and donations for gasoline to keep the bus operated.
- **Funding:** Samuel's House is actively seeking new funding from foundations, due to decreases of Federal, State and County dollars. We must be creative in order to receive funds, as many foundations and private individuals do not favor helping homeless women and children. We are actively having fun raisers to help subsidize these lost of funds. Often other agencies are fund raising and our community (though very giving) just cannot handle the competition of the different fund raisers. A lot of work is put into raising dollars so that services won't be cut.

21. How are clients represented in the operation of your agency?

Samuel's House recognizes the value that clients bring to the table when projects are being planned and programs are being carried out. For several years, women have participated in agency residence counsels, lead AA and CODA meetings and have taken responsibility for the day-to-day operations. Former clients who are established in their recovery are often hired into appropriate positions and are considered valuable members of the Samuel's House staff. A peer-to-peer program has been established and client leaders at both Samuel's House and Kathy's Hope encourage their fellow clients who are new to the program or who are struggling with issues. Most recently, one of the residents of "Casa de Meredith" was placed on the Samuel's House Board of Directors as a community representative. As a member of the Board, she shares equally in decisions made for the agency.

22. Is your agency monitored by an outside entity? If so, by whom and how often?

Samuel's House has a yearly independent audit (Attachment G: Independent Audited Financial Statement). In addition, the agency is monitored by providers of funding. These include a monthly, quarterly and year-end-statistical-reports to SHAL and DCF. Per the HSAB grant guidelines, these reports are not attached, however they are available at any time upon request to Samuel's House.

23. 1312 hours of program service were contributed by 29 volunteers in the last year.

Volunteers assist with programs for the adult residents in the shelter. **No board or committee meetings are included when tabulating volunteer hours.** To determine the number of volunteers and hours of program service over the last year, the following information was calculated:

- Executive Board Members: Total **192 Hours Per Year**
 $\underline{4}$ executive board members provide service to shelter $\underline{4}$ hours per month \equiv $\underline{16}$ volunteer hours per month x 12months = **192**
- Board members: Total **808 Hours Per Year**
 $\underline{17}$ board members x $\underline{2}$ hours per month = $\underline{34}$ hours per month x 12months = **408 Per Year**
 $\underline{6}$ board members dedicated over 400 hours (66 hours each) to oversee the building of "Casa de Meredith" this past year. Because of their dedication 27 new residents were moved into permanent housing.
- Other volunteers: Total **312 Hours Per Year**
 $\underline{2}$ volunteers conduct CODA Meetings on Wednesday night. $\underline{2}$ volunteers x 1 hour per week - $\underline{2}$ volunteer hours per week x $\underline{52}$ weeks = **104 hours per year.**
 $\underline{2}$ volunteers conduct AA meetings at the shelter on Monday and Thursday nights. $\underline{2}$ volunteers x $\underline{2}$ hours per week = $\underline{104}$ volunteer hours x $\underline{2}$ = **208 hours per year**

24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

Per Monroe County policy, services funded by Monroe County will be performed by Samuel's House staff and will not be subcontracted to other agencies.

25. What measurable outcomes do you plan to accomplish in the next funding year?

Samuel's House estimates that over 200 clients will be served in the next funding year. The measurable outcomes of this service include:

- 100% of these clients will have all their basic needs (food, clothing, and shelter care) met.
- 100% of these clients remaining in shelter for 72 hours will receive case management and an Individualized Plan of Action, delineating their basic needs, goals and necessary steps to achieve self-sufficiency.
- 75% of women will attain self-sufficiency within 90 days.
- 50% of these clients will see some improvement in health.
- 50% of these clients will improve basic living skills.
- 50% of these clients will be employed before 90 days.
- 50% of mothers will improve their parenting skills.
- 100% of children staying after 72 hours will experience increased life stability.

26. How will you measure these outcomes?

In the upcoming year, Samuel's House will continue to benefit from being a part of HUD's Homeless Management Information System (HMIS). This system not only helps avoid duplication of services but will also calculate the percentages defined within the previous question regarding measurable outcomes.

In addition to HMIS, Samuel's House residents complete on-going satisfaction surveys to assess the shelter in terms of client needs and also participate in an exit survey as they are discharged from residency. Finally, monthly reports are generated by Samuel's House staff from client files to measure outcomes.

26. Provide information about units of service below. (If applying for \$5,000 or less, a response to question #26 is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Shelter/Food/Case Management	Day	\$35.00 per client/per day

27. In 300 words or less, address any topics not covered above (optional).

- With the opening of “Kathy’s Hope” and “Casa de Meredith”, Samuel’s House remains the only agency in Monroe County to provide both emergency shelter and long-term housing designed specifically to serve the individual needs of homeless women, women with children and families in the County.
- “Kathy’s Hope” and “Casa de Meredith” act as Phase Three components of the SHAL Continuum of Care by providing long-term, structured-living environment, previously unavailable to homeless and chronically homeless women, some with accompanying children, recovering from substance abuse and/or who have been dually diagnosed.
- “Kathy’s Hope” offers a nurturing, safe environment for recovery with the ultimate goal of independence, a better-quality of life and permanent housing retention options in the future.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS You must explain any "NO" answers
	YES	NO	
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of All Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	Samuel's House is not required to have this certification
M. Copy of ANY other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	Need for program is fully demonstrated in Answer to Question 7
R. Other - Newspaper Article: TWO PAGE LIMIT	X		

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

ATTACHMENT A- BOARD LIST

This attachment has changed; please note additional information request at bottom of page.

You must have at least five directors.

FY12

SAMUEL'S HOUSE, INC.

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

[illegible]

***ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

Samuel's House, Inc.
Board Meeting Minutes
Thursday, October 14, 2010

Board Members Present: Leigh Clement, Dorothy Witwer, George Witwer, Genevieve Isaksen, Kim Gordon, John Cruz, Noelle Carbonell, Sandi Bazo, Suzy Plowman, Myra Wittenberg, Elmira Leto

Meeting called to Order.

Sandi did the invocation.

A. Approval of Minutes – minutes were approved from September.

B. Treasurer's Report – The treasurer's report had to be tabled because Elmira's computer crashed and the IT technicians had not been able to restore the information in time to run accurate reports for the meeting. Elmira will email the report as soon as all of the information gets caught up and Denise can run accurate reports.

C. COMMITTEE REPORTS

1. **Shelter** – we have 4 mothers, 7 children and 12 single women. We have doubled from what we had last month. Elmira went through the current staff schedule with the new staffing situation.
2. **Kathy's Hope** – the house is complete full except for 1 bedroom. There are several women at Kathy's Hope with children that will be moving to Casa de Meredith when it opens.
3. **Grants** – we did not get the SAMSHA grant. Kim Wilkerson will be doing the licensing for Samuel's House pro bono. We are applying for the ABLE trust grant again which pays for the job development. We have also submitted another Emergency Shelter Grant. Elmira will be attending the Florida Homeless Housing Annual Conference Oct 24-26. Although funding is so short, she feels it necessary to attend this meeting because it is where all grant funding opportunities are shared for the upcoming year. George made a motion that we add the travel for this conference to the budget. The motion was seconded and approved. Myra brought a motion to look at all training and seminars that Elmira typically attends so that we have a budget for those items. Myra thought that we should have fundraising to specifically meet those needs. Elmira stated that the reason she put zero dollars down for training was because other than this conference, there really isn't any other conference that she feels it is absolutely necessary that she attend. We are constantly looking for possible grant funding so if anyone runs across something that may have potential, please forward to her and Margy will do the research to see if we can apply.
4. **Fundraising** – Holiday fundraising time is here. Kim reviewed the mailing information that we usually do. She noted the expense and the fact that the mailing did not target potential donors rather the letter was just sent to property owners above a certain property number. She felt that a different type of effort would be more effective and more profitable. She suggested that everyone mail the request to 100 people on their email list. Myra agreed that we need to be more cost efficient and use electronic mail also. She would like to know what our typical rate of return is on the end of the year mailing is. Elmira shared this past years experience. The board discussed running the list of past donors along with a list of people in a certain geographic area to target the mailing to. Also, using email – each board member could send out information through their current

email contacts. The board would determine the list – get together and do a targeted group. Kim stated that when using email – there must be the ability to make a contribution immediately. The board discussed asking Centennial Bank to sponsor the mailing and perhaps help with a way to get funds in perhaps a link. Elmira will talk to Mark about it. Also, Noelle suggested that board members could donate a roll of stamps for the mailing. Elmira asked if we should use our permit for mailing and Kim said that type of envelope would be thrown directly in the trash. Kim also stated that all of this mailing, email and website account would need to be done right after Fantasy Fest. So calls need to be made to board members that are not in attendance to get everyone involved.

5. **Policy and Procedure Committee** – Kim Wilkerson will be reviewing the policy and procedure while she is preparing the necessary paperwork for the licensing of Samuel's House. A first meeting with Kim and Elmira is scheduled for tomorrow.

D. UNFINISHED BUSINESS –

Habakkuk Two Village Flagler Property – October 20, we will go before the Land Authority. Elmira received an in-depth email for Commissioner Carruthers with questions in regards to the property. Elmira shared with the board her meeting with Commissioner Wigington.

Casa De Meredith - The opening is scheduled for December 14 at 11am. The Secretary of Housing – George Sheldon, Tom Pierce, the Director of the Office on Homelessness, and a representative from HUD will all be in attendance. Elmira will also extend an invitation to a select group of individuals.

Samuel's House Website - Jeanmarie was checking on this and she is sick today so we will get the update at the next meeting.

Workshop - has not been scheduled yet.

Men's Luncheon – there is another meeting for the planning group on Saturday at in Kahoots. At this time we have 17 models, the lunch will be a Cuban buffet. Elmira will pick up the tickets from Mona. It would be great if everyone could sell 1 table of 12. The tickets are \$35 a piece and the meal is included.

Certification/License for shelter - Kim Wilkerson is working on that.

E. NEW BUSINESS

Election of Officers – all of the current officers have agreed to serve for another year. Noeli for President, Mark for Vice-President, Myra-Secretary and JeanMarie for Treasurer. A motion was made to reelect these officers, seconded and unanimously approved. An additional motion was made to keep all current board members on the board. It was seconded and approved. The Board members that will stay on are: Beth Oropeza, Cheryl Cates, Dale Finigan, Dorothy and George Witwer, Star Norris, Genevieve Isaksen, John Cruz, Kim Gordon, Kim Wilkerson, Leigh Clement, Sandi Bazo and Susy Plowman. Everyone gave a round of applause for Sandi and everyone that helped on the lunch delivery fundraiser. Genevieve said that she has gotten questions on when we would do it again.

Nov. 1 nomination due for Community Foundation Unsung Hero Award

2011 Budget – the budget was discussed. Originally, Elmira created the budget indicating the revenues for 2011, being exactly at the committed funds so far. After her meeting on the budget with the Executive Board they instructed her to redo the budget with the regular expenses,

13-B

Samuel's House, Inc.

Because they wanted to include all expenses so that if alternate forms of revenue HSAB Funding Request
make up for the SAMSHA grant could be found, the budget would not need to be April 21, 2011

Each of the budgets was voted on individually:

The Samuel's House budget was motioned for approval, seconded and passed.

The Casa de Meredith budget was motioned for approval, seconded and passed.

The Kathy's Hope Budget was motioned for approval, seconded and passed.

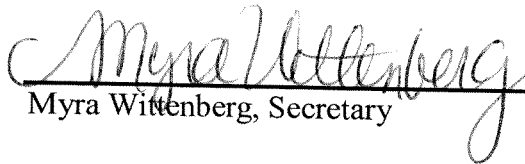
The Second Hand Sam's budget – Elmira put a challenge to the employees that in order to get raises, they would need to bring in \$15,000 a month. The Second Hand Sam's budget was motioned for approval, seconded and passed.

Announcements:

The next Executive Board Meeting is scheduled for: Nov. 4, 2010

The next Full Board Meeting is scheduled for: Nov. 11, 2010

Meeting adjourned.


Myra Wittenberg, Secretary

13-C

ATTACHMENT B - AGENCY COMPENSATION DETAIL

FY12

Include each position in the entire agency.

Put an "X" next to each position directly related to program for which funding is requested.

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

SAMUEL'S HOUSE, INC.

[illegible]

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

FY12

SAMUEL'S HOUSE, INC.

This attachment has changed; please note asterisked information at the bottom of page.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 3/19/11
Emergency Shelter	Homeless Women and Children	175	County-Wide	7days/24hours	175	35
Case Management	Homeless Women and Children	175	County-Wide	7days/24hours	175	35
Counseling/Advocacy	Homeless Women and Children	175	County-Wide	7days/24hours	175	35
Life Skills	Homeless Women and Children	175	County-Wide	7days/24hours	175	35
Alcohol-Drug Services	Homeless Women and Children	63	County-Wide	7days/24hours	63	18
Mental Health	Homeless Women and Children	25	County-Wide	7days/24hours	25	4
Employment Services	Homeless Women and Children	100	County-Wide	7days/24hours	100	23
AA/CODANA	Homeless Women and Children	100	County-Wide	7days/24hours	100	10
Unduplicated Clients for Entire Agency		175				
(see instructions - this is not a total of the numbers above)						

Please indicate the number of clients served who are Monroe County residents:
165 women and children are residents of Monroe County; 10 w 10 women and children outside of Monroe County

Please list or describe achieved outcomes for your target populations:

- *98% of clients that remained in shelter for 72 hours received case management
- *100% of these clients had their basic needs (food, clothing, and shelter care) met.
- *98% of clients developed an individualized plan of action, delineating their basic needs, goals and necessary steps to achieve self-sufficiency.
- *98% Improved their health
- *75% of women attained self sufficiency with in 90 days stay.
- *80% of children staying after 72 hours experience life stability
- *40% of mothers improved their parenting skills.
- *75% of these clients improved their basic living skills

FY12

SAMUEL'S HOUSE, INC.

16

ATTACHMENT E - AGENCY EXPENSES**FY12**

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

SAMUEL'S HOUSE, INC.

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	1/1/2012		12/31/2011	
	Total	%	Total	%
Salaries	225,000	50%	225,000	50%
Payroll Taxes	28,125	6%	28,125	6%
Employee Benefits	28,620	6%	28,620	6%
Subtotal Personnel	281,745	63%	281,745	63%
Postage	1,500	0%	1,500	0%
Office Supplies	5,000	1%	5,000	1%
Telephone	5,500	1%	5,500	1%
Professional Fees	0	0	0	0
Rent	0	0	0	0
Utilities	27,000	6%	27,000	6%
Repair and Maint.	5,000	1%	5,000	1%
Travel	1,000	0%	1,000	0%
Miscellaneous	0	0	0	0
Grants to Other Organizations	0	0	0	0
Audit	5,000	1%	5,000	1%
Assistant to Clients	2,500	1%	2,500	1%
Contract Labor	45,000	10%	45,000	10%
Dues-SHAL/FI Coalition for Hmeles	1,500	0%	1,500	0%
Grant Expenses	3,000	1%	3,000	1%
Programs	1,000	0%	1,000	0%
Supplies: Food	10,000	2%	10,000	2%
Supplies: Gasoline	1,000	0%	1,000	0%
Supplies: Drug Strips	21,000	5%	21,000	5%
Supplies: Client	21,000	5%	21,000	5%
Rental: Copier	5,700	1%	5,700	1%
License: Auto and Bus	205	0%	205	0%
Supplies: Cable	3,500	1%	3,500	1%
Security	1,500	0%	1,500	0%
	0			0
	0			0
Total Expenses	448,650	100%	448,650	100%
Revenue Over/(Under) Expenses	0		8,000	

FY12
SAMUEL'S HOUSE, INC.

FY12
SAMUEL'S HOUSE, INC.

18

ATTACHMENT G
AUDITED FINANCIAL STATEMENT

SAMUEL'S HOUSE, INC.

**Financial Statements with
Independent Auditors' Report Thereon and
Schedule of Financial Assistance and
Computation of Matching Requirement**

December 31, 2009

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Samuel's House, Inc.

We have audited the accompanying statement of financial position of the Samuel's House, Inc. (the "Organization") (a non-profit organization) as of December 31, 2009, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States, and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Other Non-profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the Organization, as of December 31, 2009, the results of its operations and its cash flows for the period ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated May 27, 2010 on our consideration of Samuel's House, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Samuel's House, Inc. taken as a whole. The accompanying schedule of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Smith, Ortiz, Gomez & Bugzi PA

May 27, 2010

SAMUEL'S HOUSE, INC.
Statement of Financial Position
December 31, 2009

Assets

Current assets	
Cash	\$ 36,043
Grant receivables	22,591
Restricted cash	<u>10,889</u>
Total current assets	<u>69,523</u>
Assets restricted to investment in furniture and equipment	1,021,653
Accumulated depreciation	<u>(215,575)</u>
Net assets restricted to investment in furniture and equipment	<u>806,078</u>
Other assets	<u>50</u>
Total assets	<u>\$ 875,651</u>

Liabilities and Net Assets

Current liabilities	
Accounts payable and accrued expenses	\$ <u>3,000</u>
Total current liabilities	<u>3,000</u>
Loan payable Marine bank	<u>40,000</u>
Net assets	
Unrestricted	26,573
Permanently restricted	<u>806,078</u>
Total net assets	<u>832,651</u>
Total liabilities and net assets	<u>\$ 875,651</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Statement of Activities

For the Year Ended December 31, 2009

Public support and revenue	
Grant revenue	\$ 803,715
Contributions - business sponsor	13,106
Contributions - Foundation	25,000
Contributed facilities	134,000
Fundraiser	24,189
Donations	57,447
Other income	<u>14,918</u>
	<u>1,072,375</u>
Revenue	
Program income - client fees	80,029
Program Services - 2 nd SAM	168,713
Reimbursed expenses	-
Investment income	<u>358</u>
Total revenue	<u>249,100</u>
Total public support and revenue	<u>1,321,475</u>
Program services expense	
Salaries and related costs	434,016
Fundraising expense	12,778
Program expense	61,723
Contract labor	100,613
Donated facilities	134,000
Equipment rental	7,020
Depreciation expense	54,722
Utilities and telephone	82,723
Office supplies	12,864
Drug Testing and Food	28,794
Insurance	53,641
Maintenance and repairs	18,871
Travel	8,924
Interest expense	1,039
Professional fees	310,213
Other operating expenses	<u>106,240</u>
Total expenses	<u>1,428,181</u>
Change in net assets	(106,706)
Net assets, beginning of year	<u>939,357</u>
Net assets, end of year	<u>\$ 832,651</u>

SAMUEL'S HOUSE, INC.

Statement of Cash Flows

For the Year Ended December 31, 2009

Cash flows from operating activities:	
Change in net assets	\$(106,706)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	54,722
Change in current assets, accounts payable and accrued expenses	<u>(12,199)</u>
Net cash used by operating activities	<u>(64,183)</u>
Cash flows from investing activities:	
Purchase of equipment	<u>(1,380)</u>
Net cash used by investing activities	<u>(1,380)</u>
Cash flows from financing activities:	
Net borrowings on loan payable	<u>40,000</u>
Net cash used by financing activities	<u>40,000</u>
Net decrease in cash and cash equivalents	(25,563)
Cash and cash equivalents, at beginning of year	<u>61,606</u>
Cash and cash equivalents, at end of year	<u>\$ 36,043</u>
Interest paid during the year	<u>\$ 1,039</u>

See accompanying notes to financial statements.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies

a) Organization

Samuel's House, Inc, a/k/a The Mary S. Spottswood Women's Center ("the Organization") is a nonprofit organization which provides short term housing and support services to homeless women, women with children and the elderly. The Organization also provides substance abuse assistance services to its clientele. The Organization is located in Key West, Florida and was organized in August 1999.

b) Basis of Presentation

The Organization's financial statements have been prepared on the accrual basis of accounting and in conformity with the standards promulgated by the American Institute of Certified Public Accountants in its "Industry Audit Guide for Voluntary Health and Welfare Organizations". The specialized accounting and reporting principles and practices contained in the Audit Guide are preferable accounting practices in accordance with statement of Financial Accounting Standards Number 117, issued by the Financial Accounting Standards Board. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

- Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets - Net assets subject to donor- and Board of Director imposed stipulations that they be maintained permanently by the Coalition. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

The primary source of revenue for the Organization consists of grants from governmental and other agencies which, absent a specific restriction by the grantor, are considered to be available for unrestricted use. Secondary source of revenue is from contributors. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies - (Cont.)

b) Basis of Presentation - (Cont.)

The costs of providing the various programs and other activities have been detailed in the accompanying Statement of Activities.

Salaries and other expenses which are associated with specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

c) Assets Restricted to Investment in Furniture and Equipment

Assets restricted to Investment in Furniture and Equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Donated furniture and equipment with values in excess of \$1,000 represent "in-kind" donations to the Organization from private organizations and are recognized as support when received.

Depreciation is computed on the straight-line method over the estimated useful life of the assets, which is principally five (5) years. Maintenance and repairs are charged to operation as incurred.

d) Contributions

Contributions are considered unrestricted unless otherwise stated by donor. Restricted donations are initially recorded as temporarily restricted net assets. When a donor restriction expires or purpose of restriction is accomplished. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies - (Cont.)

e) Restricted Revenues Received, Related Program Expense and Deferred Support

Contract revenues presented in the statement of activities are principally cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred. Related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are deferred and recognized as revenue in the period in which the matching program expenses is incurred.

The Organization records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services are venue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

The Organization was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

g) Allocation of Common Expenses

Certain common expenses which benefit more than one program are allocated based on estimates of time of employees involved and on percentages of assets utilized, and to the extent permitted in the funding source contracts.

h) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies - (Cont.)i) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

2. Summary of Funding, Accounts Receivable and Deferred Support.

The Organization is funded through grants from various funding sources. The following summarizes major grant activity for the period ended December 31, 2009.

	<u>Support</u>	<u>Receipt</u>
Emergency Shelter Grant	\$ 42,846	30,296
Monroe County Sheriff's Office-SAFF	8,000	8,000
Challenge Grant	10,401	9,417
HFSF	30,000	30,000
SAMHSA	544,352	544,352
Human Services Grant	79,974	70,917
Emergency Food & Shelter Program	29,642	29,642
5310 Grant	<u>58,500</u>	<u>58,500</u>
	<u>\$ 803,715</u>	<u>781,124</u>

Public support including contributions for the period ending December 31, 2009 amounted to \$803,715. At December 31, 2009 contracts and other receivable amounted to \$22,591.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

3. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at December 31, 2009:

Building	\$ 820,116
Kitchen equipment	64,628
Furniture and appliances	70,232
Lease improvements	49,394
Books	350
Computer equipment	3,933
Vehicle	<u>13,000</u>
Total costs	1,021,653
Less accumulated depreciation	<u>(215,575)</u>
	<u>\$ 806,078</u>

Depreciation expense for the period ended December 31, 2009 amounted to \$54,722.

4. Facilities

Beginning January 1st, 2002, the Organization moved to a new site at an annual rental of \$1. This space is provided by the City of Key West Housing Authority. The Organization must keep property liability and flood insurance on the premises which is paid to Fidelity National Insurance Company (approximately \$2,411 per year). The lease also requires the Organization to maintain insurance in the amount of \$1,000,000. The value of the rent provided is reflected as revenue (donated facilities) and is estimated to be \$134,000 in value.

SAMUEL'S HOUSE, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

5. Commitments and Contingencies

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been made in the financial statements.

SAMUEL'S HOUSE, INC.
Schedule of Federal and State Financial Assistance
(Single Audit)

For the Year Ended December 31, 2009

<u>Program Title</u>	<u>Revenue Recognized</u>	<u>Program Receipts</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>
Emergency Shelter Grant (KF137)	\$ 42,846	30,296	42,846	12,550
Monroe County Sheriff's Office - S.A.F.P.	8,000	8,000	8,000	-
HFSF	30,000	30,000	30,000	-
Challenge Grant (KFZ26 & KFZ30)	10,401	9,417	10,401	984
SAMHSA	544,352	544,352	544,352	-
Emergency Food and Shelter Grant	29,642	29,642	29,642	-
Human Services Grant	79,974	70,917	79,974	9,057
5310 Grant	58,500	58,500	58,500	-
	<u>\$803,715</u>	<u>781,124</u>	<u>803,715</u>	<u>22,591</u>

SAMUEL'S HOUSE, INC.

Notes to Schedule of Financial Assistance

For the Year Ended December 31, 2009

(1) Summary of significant Accounting Policies

The accounting policies and presentation of the grants compliance report of Samuel's House, Inc., Inc. have been designed to conform to accounting principles generally accepted in the United States of America applicable to non-profit organizations, including the reporting and compliance requirements of the Single Audit Act of 1984 and Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non-profit organizations".

Reporting Entity: -- The Single Audit Act of 1984 and OMB Circular A-133 set forth the audit and reporting requirements for Federal and State awards. Samuel's House, Inc. has included a Schedule of Financial Assistance to satisfy the audit requirements of the Government Grantor Agencies.

Basis of Accounting - Basis of Accounting refers to when revenues and expenditures or expenses are recognized in the accounts and reported in the financial statements, and to the timing of the measurements made, regardless of the measurement focus applied. Revenue from cost reimbursement contracts are recognized as program expenses are incurred. Revenue from unit costs contracts are recognized based on the units of service delivered.

(2) Contingencies

Grant monies received and disbursed by Samuel's House, Inc. are for specific purposes and are subject to review by the grantor agencies. Such audits may result in request for reimbursement due to disallowed expenditures. Based on prior experience, management of Samuel's House, Inc. does not believe that such disallowance, if any, would have a material effect on the financial position of Samuel's House, Inc. As of May 27, 2010 there were no material questioned or disallowed costs as a result of grant audits in process or completed.

SAMUEL'S HOUSE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2009

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Unqualified

Internal control over financial reporting:

Material weakness(es) identified?

☐ Yes ☒ NoReportable condition(s) identified that
are not considered to be material
weakness(es)?☐ Yes ☒ None Reported

Inappropriate assignment of grant responsibilities.

Noncompliance material to financial
statements noted?☐ Yes ☒ No*Federal Awards*

Internal control over major programs:

Material weakness(es) identified?

☐ Yes ☒ NoReportable condition(s) identified that
are not considered to be material
weakness(es)?☐ Yes ☒ None Reported

SAMUEL'S HOUSE, INC.

PAGE 2

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2009

Section I – Summary of Auditor's Results – (Cont.)

Noncompliance material to financial
statements noted?

☐ Yes ☒ No

Type of auditor's report issued on compliance:
for major programs:

Unqualified

Any audit findings disclosed that are required
to be reported in accordance with Section 510(a)
of Circular A-133?

☐ Yes ☒ No

Identification of major programs:

CFDA Number(s)

Name of Federal Program or Cluster

N/A

SAMHSA

Dollar threshold used to distinguish
between type A and type B programs:

\$ 300,000

Auditee qualified as low risk auditee?

☐ Yes ☒ No

Section II – Financial Statements Findings

No reportable conditions were found during the audit of the financial statements.

SAMUEL'S HOUSE, INC.

PAGE 3

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2009

Section III – Federal Award Findings and Questioned Costs

No reportable conditions were found during the audit of the financial statements.

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND ON INTERNAL CONTROL
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
Samuel's House, Inc.:

We have audited the financial statements of Samuel's House, Inc. (the "Organization") as of and for the period ended December 31, 2009 and have issued our report thereon dated May 27, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Organization's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is

a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions as defined above.

This report is intended for the information of the Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this report is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Buzzi PA

May 27, 2010

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133

To the Board of Directors of
Samuel's House, Inc.:

Compliance

We have audited the compliance of Samuel's House, Inc. (the "Organization") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the period ended December 31, 2009. The Organization's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Samuel's House, Inc.'s compliance with those requirements.

In our opinion, the Organization complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the period ended December 31, 2009.

Internal Control Over Compliance

The management of the Organization is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Organization's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Buzzi PA

May 27, 2010

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134
TEL. (305) 441-1012
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.
ANTONIO E. GOMEZ, C.P.A.
FERNANDO L. ORTIZ, C.P.A.
SHADI J. SHOMAR, C.P.A.
JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND INTERNAL CONTROL OVER
COMPLIANCE APPLICABLE TO EACH MAJOR FEDERAL AWARDS
PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT

To the Board of Directors of
Samuel's House, Inc.:

Compliance

We have audited the compliance of Samuel's House, Inc. (the "Organization") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended December 31, 2009. The Organization's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Organization's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standard generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Little Haiti Housing Organization, Inc.'s compliance with those requirements.

In our opinion, the Organization complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended December 31, 2009.

Internal Control Over Compliance

The management of the Organization is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Organization's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the Organization's Board of Directors, management, and officials of applicable federal and state agencies. However, if this is a matter of public record, its distribution is not limited.

Smith, Ortiz, Gomez & Burgi PA

May 27, 2010

2009

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.C
Samuel's House, Inc.
1614 Truesdell Court
Key West, FL 33040

D Employer Identification Number

65-0951120

E Telephone number

305-296-0240

G Gross receipts \$ 1,166,090.

H(a) Is this a group return for affiliates?

Yes ☐ No ☒

H(b) Are all affiliates included?

Yes ☐ No ☐

If 'No,' attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: samuelshouse.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To provide housing and support services to displaced women.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17

5 Total number of employees (Part V, line 2a) 5 16

6 Total number of volunteers (estimate if necessary) 6 33

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

8 Contributions and grants (Part VIII, line 1h) 830,373. 916,263.

9 Program service revenue (Part VIII, line 2g) 231,389. 248,743.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,202. 924.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,343.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,096,307. 1,165,930.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,240. 45,097.

14 Benefits paid to or for members (Part IX, column (A), line 4) 443,069. 432,521.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,778.

16a Professional fundraising fees (Part IX, column (A), line 11e) 720,972. 797,533.

b Total fundraising expenses (Part IX, column (D), line 25) 1,176,281. 1,275,151.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) -79,974. -109,221.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 956,410. 887,034.

19 Revenue less expenses. Subtract line 18 from line 12 3,000. 43,000.

20 Total assets (Part X, line 16) 953,410. 844,034.

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20.

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Noelia Carbonell

President

Type or print name and title.

Paid
Pre-
parer's
Use
OnlyPreparer's
signature

Non-Paid Preparer

Firm's name (or
yours if self-
employed),
address, and
ZIP + 4

Date

ATTACHMENT H
IRS 990

43

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☐ No ☐

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

tion's mission:

Samuel's House, Inc. I and support services to displaced women.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If 'Yes,' describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If 'Yes,' describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,015,792. including grants of \$ 44,447.) (Revenue \$)
Samuel's House provides a temporary shelter for women that have been displaced. These women come to us for a variety of reasons. Some have been recently released from jail, some have just been released from substance abuse treatment programs, and some have come to Samuel's House from abusive homes. While providing a safe haven for these women, Samuel's House also teaches them life skills which will enable them to re-enter society.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

44

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,015,792.

Form 990 (2009) Samuel's House, Inc.

65-0951120

Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
28c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Samuel's House, Inc.

Regarding Other IRS Filings and Tax Compliance

Samuel's House, Inc.

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	13	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	16	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter:			
11 a	Gross income from other members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

BAA

Form 990 (2009)

Form 990 (2009) Samuel's House, Inc.

65-0951120

Page 6

Part VI

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body.....	17	
b Enter the number of voting members that are independent.....	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... See Schedule O.....	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6 Does the organization have members or stockholders?..... See Schedule O.....	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?.....	X	
b Each committee with authority to act on behalf of the governing body?.....	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?.....		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O.....		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.....	X	
13 Does the organization have a written whistleblower policy?.....	X	
14 Does the organization have a written document retention and destruction policy?.....	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.....	X	
b Other officers of key employees of the organization. See Schedule O.....	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ FL
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Elmira Leto 1614 Truesdell Court Key West, FL 33040 Key West FL 33040 305-296-0240

Form 990 (2009) Samuel's House, Inc.

65-0951120

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Dale Finegan Director	2	X						0.	0.	0.
Sandi Bazo Director	2	X						0.	0.	0.
Kim Wilkerson Director	2	X						0.	0.	0.
Noelia Carbonell President	4	X		X				0.	0.	0.
Kim Gordon Director	3	X						0.	0.	0.
Jeanmarie Keys Treasurer	4	X		X				0.	0.	0.
Estrella Norris Director	2	X						0.	0.	0.
Beth Oropeza Director	2	X						0.	0.	0.
Susan Plowman Director	2	X						0.	0.	0.
Cheryl Cates Director	2	X						0.	0.	0.
Genevieve Isaksen Director	2	X						0.	0.	0.
Myra Wittenberg Secretary	4	X		X				0.	0.	0.
Dorothy Witwer Director	2	X						0.	0.	0.
George Witwer Director	2	X						0.	0.	0.
Leigh Clement Director	2	X						0.	0.	0.
John Cruz Director	2	X						0.	0.	0.
Mark Todaro Vice President	4	X						0.	0.	0.
BAA								0.	0.	0.

Form 990 (2009) Samuel's House, Inc.

65-0951120

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Elmira Leto Administrator	40					X		71,077.	0.	0.
1 b Total								71,077.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization									0	

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
Care Center for Mental Health 1205 4th Street Key West, FL 33040	Mental health	310,213.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Form 990 (2009) Samuel's House, Inc.

65-0951120

Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.....	1a				
	b Membership dues.....	1b				
	c Fundraising events.....	1c				
	d Related organizations.....	1d				
	e Government grants (contributions).....	1e 803,715.				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1f 112,548.				
	g Noncash contribns included in lns 1a-1f: ... \$					
	h Total. Add lines 1a-1f.....		916,263.			
PROGRAM SERVICE REVENUE	2a 2nd Hand Sam's sales	Business Code	168,713.	168,713.		
	b Client rents		80,030.	80,030.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue...					
	g Total. Add lines 2a-2f.....		248,743.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		360.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties.....						
6a Gross Rents.....		(i) Real (ii) Personal				
b Less: rental expenses.....						
c Rental income or (loss).....						
d Net rental income or (loss).....						
7a Gross amount from sales of assets other than inventory.....		(i) Securities (ii) Other	724.			
b Less: cost or other basis and sales expenses.....			160.			
c Gain or (loss).....			564.			
d Net gain or (loss).....			564.	564.		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....		a				
b Less: direct expenses.....		b				
c Net income or (loss) from fundraising events.....						
9a Gross income from gaming activities. See Part IV, line 19.....		a				
b Less: direct expenses.....		b				
c Net income or (loss) from gaming activities.....						
10a Gross sales of inventory, less returns and allowances.....		a				
b Less: cost of goods sold.....	b					
c Net income or (loss) from sales of inventory.....						
11a -----	Business Code					
b -----						
c -----						
d All other revenue.....						
e Total. Add lines 11a-11d.....						
12 Total revenue. See instructions.....			49,307.	0.	360.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	44,447.	44,447.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	650.	650.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	379,624.	219,001.	160,623.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	23,856.	4,054.	19,802.	
10 Payroll taxes	29,041.	16,753.	12,288.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,699.		17,699.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	310,213.	310,213.		
12 Advertising and promotion	1,698.	1,698.		
13 Office expenses	17,415.		17,415.	
14 Information technology				
15 Royalties				
16 Occupancy	39,382.	39,382.		
17 Travel	8,924.		8,924.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,039.		1,039.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,722.	54,722.		
23 Insurance	29,785.	29,073.	712.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Contract labor	125,964.	125,964.		
b Utilities & phone	82,723.	82,723.		
c Drug testing & food	28,794.	28,794.		
d Supplies	24,187.	14,951.		9,236.
e Maintenance and repairs	18,871.	18,871.		
f All other expenses	36,117.	24,496.	8,079.	3,542.
25 Total functional expenses. Add lines 1 through 24f.	1,275,151.	1,015,792.	246,581.	12,778.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash — non-interest-bearing		1	46,934.	
	2 Savings and temporary cash investments	98,224.	2		
	3 Pledges and grants receivable, net		3	22,591.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	50.	7	50.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,033,239.		
	b Less: accumulated depreciation	10b	215,780.		
	11 Investments — publicly-traded securities		858,136.	10c	817,459.
	12 Investments — other securities. See Part IV, line 11			11	
	13 Investments — program-related. See Part IV, line 11			12	
	14 Intangible assets			13	
	15 Other assets. See Part IV, line 11			14	
16 Total assets. Add lines 1 through 15 (must equal line 34)		956,410.	15		
LIABILITIES	17 Accounts payable and accrued expenses		16	887,034.	
	18 Grants payable	3,000.	17	3,000.	
	19 Deferred revenue		18		
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities. Complete Part X of Schedule D		24	40,000.	
	26 Total liabilities. Add lines 17 through 25		3,000.	25	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27 Unrestricted net assets		26	43,000.	
	28 Temporarily restricted net assets	94,834.	27	26,575.	
	29 Permanently restricted net assets		28		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds	858,576.	29	817,459.	
	31 Paid-in or capital surplus, or land, building, and equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances		32		
	34 Total liabilities and net assets/fund balances.	953,410.	33	844,034.	
		956,410.	34	887,034.	

BAA

Form 990 (2009)

Form 990 (2009) Samuel's House, Inc.

65-0951120

Page 12

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c		X
3a	X	
3b	X	

BAA

Form 990 (2009)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

45-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions	65-0951120
--	------------

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

Provide the following information about the supported organization:

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

RAA For Privacy Act and Paperwork Reduction Project

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check 7a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

56

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	341,234.	1,071,390.	781,112.	830,373.	916,263.	3,940,372.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	104,252.	44,395.	118,848.	231,389.	248,743.	747,627.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	6,622.	44,223.	31,213.	33,343.	564.	115,965.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	452,108.	1,160,008.	931,173.	1,095,105.	1,165,570.	4,803,964.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						4,803,964.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	452,108.	1,160,008.	931,173.	1,095,105.	1,165,570.	4,803,964.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	47.	682.	1,480.	1,202.	360.	3,771.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	47.	682.	1,480.	1,202.	360.	3,771.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						4,807,735.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	99.9 %
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	99.9 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	0.1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	0.1 %

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒**b 33-1/3 support tests – 2008.** If the organization did not check this box and stop here, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check this box and see instructions. ☐

57

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year..... ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1 of 2 of Part I

Name of organization

Employer identification number

Samuel's House, Inc.

65-0951120

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Monroe County Sheriff's Office 5525 College Road Key West, FL 33040	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Concern Award-Health Foundatio 601 Brickell Key Drive Miami, FL 33131	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Emergency Food & Shelter Progr 701 N. Fairfax Street, #310 Alexandria, VA 22314	\$ 42,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Human Services Grant 1100 Simonton Street Key West, FL 33040	\$ 79,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Emergency Shelter Grant 1317 Winewood Blvd Tallahassee, FL 32399-0700	\$ 29,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Challenge Grant 1317 Winewood Blvd Tallahassee, FL 32399-0700	\$ 10,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 2 of 2 of Part I

Name of organization

Employer identification number

Samuel's House, Inc.

65-0951120

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Able Trust 106 E College Avenue Tallahassee, FL 32301	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Key West Housing Authority 1400 Kennedy Drive Key West, FL 33040	\$ 134,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Schoen Foundation 1100 5th Avenue South Naples, FL 34102-6407	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Substance Abuse Mental Health Servi 1 Choke Cherry Toad Rockville, MD 20857	\$ 544,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Guidance Clinic of the Middle Keys 3000 41st Street Ocean Marathon, FL 33050	\$ 58,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CGW Endowment for Humanity 701 Brickel Avenue Miami, FL 33131	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Samuel's House, Inc.

Supplemental Financial Statements

- Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

65-0951120

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?..... ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ► \$ _____

(ii) Assets included in Form 990, Part X..... ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1.... ► \$ _____

b Assets included in Form 990, Part X..... ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

c Beginning balance.....

d Additions during the year.....

e Distributions during the year.....

f Ending balance.....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net Investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations.....

(ii) related organizations.....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land.....				
b Buildings.....		819,676.	96,009.	723,667.
c Leasehold improvements.....		49,394.	9,219.	40,175.
d Equipment.....		91,034.	51,623.	39,411.
e Other.....		73,135.	58,929.	14,206.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				817,459.

BAA

Schedule D (Form 990) 2009

N/A

Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶

N/A

Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)

N/A

Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)

Other Liabilities (See Form 990, Part X, line 25)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,165,930.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,275,151.
3	Excess or (deficit) for the year. Subtract line 2 from line 1.	-109,221.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	14,258.
8	Other (Describe in Part XIV) See Part XIV	-11,743.
9	Total adjustments (net). Add lines 4 through 8.	2,515.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	-106,706.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements.	1	1,321,475.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	134,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	21,702.
e	Add lines 2a through 2d	2e	155,702.
3	Subtract line 2e from line 1.	3	1,165,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) See Part XIV	4b	157.
c	Add lines 4a and 4b	4c	157.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,165,930.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements.	1	1,428,181.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	134,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	19,235.
e	Add lines 2a through 2d	2e	153,235.
3	Subtract line 2e from line 1.	3	1,274,946.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) See Part XIV	4b	205.
c	Add lines 4a and 4b	4c	205.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,275,151.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

2009

Schedule D, Part XIV - Supplemental Information

Page 6

Samuel's House, Inc.

65-0951120

Schedule D, Part XI, Line 8
Other Changes In Net Assets Or Fund Balances

Capitalize vehicle posted to expense.....	\$	-11,586.
Miscellaneous.....		-157.
Total	\$	<u>-11,743.</u>

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

Reclassification.....	\$	7,649.
Reversal of prior year correction.....		14,053.
Total	\$	<u>21,702.</u>

Schedule D, Part XII, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

Miscellaneous.....	\$	157.
Total	\$	<u>157.</u>

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

Reclassifications.....	\$	7,649.
Reclassify vehicle purchased.....		11,586.
Total	\$	<u>19,235.</u>

Schedule D, Part XIII, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

Correction to accumulated depreciation.....	\$	205.
Total	\$	<u>205.</u>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Samuel's House, Inc.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Burton Memorial Methodist Church 93001 Overseas Highway Tavernier, FL 33070	59-1817528		6,820.	0.			Food distribution via Emergency Food & Shelter Grant
Florida Keys Outreach Coalition PO Box 4767 Key West, FL 33040	65-0409898		6,571.	0.			Food distribution via Emergency Food & Shelter Grant
KAIR 3010 Overseas Highway Marathon, FL 33050	65-0926262		6,571.	0.			Food distribution via Emergency Food & Shelter Grant
Metropolitan Community Church 1215 Petronia Street Key West, FL 33040	23-0794543		6,571.	0.			Food distribution via Emergency Food & Shelter Grant
Paradise Interfaith Network Inc 1669 Overseas Highway							Food distribution via Emergency Food & Shelter Grant

2 Enter total number of section 501(c)(3) and government organizations. 6

3 Enter total number of other organizations. 0

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

65-0951120

HSAB Funding Request
April 21, 2011

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
---------------------------------	--------------------------	--------------------------	-----------------------------------	---	--

[illegible]

Part I, Line 2 - Grantmaker's Description of How Grants are Used

Samuel's House is the lead grantee of the Emergency Food & Shelter Grant. These

sub-grantees were awarded these funds by the Emergency Food & Shelter Board.

Samuel's House distributed the funds as directed by the Emergency Food & Shelter

Board.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

2009

Open to Public Inspection

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).	03-0551120
---------------	--	------------

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total.....▶				\$						

Total..... ▶ \$

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Brittney Delgado	Niece	7,305.	Baby sitting services		X

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization

Samuel's House, Inc.

Employer identification number

65-0951120

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

George & Dorothy Witwer are married.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Samuel's House is organized as a Florida not-for-profit corporation.

Form 990, Part VI, Line 11 - Form 990 Review Process

The Board was given a draft copy of Form 990 before filing for questions and
approval.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The Board performed a market analysis of comparable salaries for similar staff
positions.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request

SAMUEL'S HOUSE, INC.

**ATTACHMENT I
CURRENT FEE SCHEDULE**

Memo

To: Residents of Shelter
From: Elmira Leto, Executive Director
Date: March 21, 2007
Re: Client Fees and Linen Deposit

The Board of Directors has voted to increase Client Fees to \$100 dollars per week due to the increases of expenses to keep the doors open at Samuel House. Kindly, be prepared to pay \$100 on March 23, 2007. Those that pay with food stamps are still able to do so.

Also, there will be a \$100 deposit charge for linens that were issued to you when you came in and will be accessed against your fees until all items are returned when you leave the property. This has been done because there are too many items being taken when women vacate the property. **YOU DO NOT HAVE TO COME UP WITH AN ADDITIONAL \$100 AT THIS TIME, IT WILL ONLY BE ACCESSED AGAINST YOU IF YOU DO NOT RETURN THESE ITEMS TO HOUSE MANAGER OR MONITORS UPON LEAVING SAMUEL'S HOUSE.**

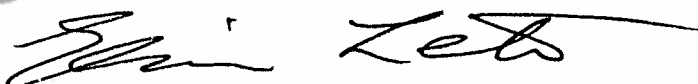
The following has been given to you:

1. (2) Sets of sheets
2. (2 each) Sets of towels, hand towels and wash cloths
3. (1) Blanket
4. (1) Bedspread
5. (1) Pillow
6. (1) Large plastic Bag for storage

In the event you do not have these items you must get with the House Manager and explain why. Remember you must turn these items back into the manager or monitor or you will be accessed \$100 against your client fees.

Also, if you are leaving Samuel's House, items left behind will be disposed of immediately. We do not have space for storage and cannot hold on to things for you. Your meds will be destroyed within 24 hours upon leaving property. In the event you are hospitalized or detained you must call us immediately so that you can make arrangements for someone to pick up your items the next day.

There are no exceptions to either of the above changes in policy for Samuel's House.



72

Samuel's House, Inc.

HSAB Funding Request
April 21, 2011

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

ATTACHMENT J

Date: APR 14 2004

Employer Identif
65-0951120

501 C 3

SAMUELS HOUSE INC
1614 TRUESDELL CT
KEY WEST, FL 33040-0000

DLN:
17053087772044
Contact Person:
DAN W BERRY
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b) (1) (A) (vi)

ID# 31122

Dear Applicant:

Our letter dated December 1999, stated you would be exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c) (3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

**2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011**

**ATTACHMENT K
MONROE COUNTY/KEY WEST
OCCUPATIONAL LICENSES**

Business Name: SAMUEL'S HOUSE INC

RECEIPT# 46110-77216

Owner Name: ELMIRA LETO
Mailing Address: 1614 TRUESDELL CT
KEY WEST, FL 33040

Business Location: 1614 TRUESDELL CT
KEY WEST, FL 33040
Business Phone: 305-296-0240
Business Type: PROFESSIONALS (HOMELESS
SHELTER/WOMEN & CHILD)

Rooms

Seats

Employees

Machines

Stalls

Number of Machines:		For Vending Business Only					Vending Type:	
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid		
0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Paid 105-10-00010390 04/14/2011 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

**Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041**

THIS IS ONLY A TAX.
YOU MUST MEET ALL
COUNTY AND/OR
MUNICIPALITY PLANNING
AND ZONING REQUIREMENTS.

PLEASE NOTE

Samuel's House is not required to have a Department of Children and Families License or Certification.

ATTACHMENT M
OTHER LICENSES/PERMITS

PLEASE NOTE

Samuel's House is not required to have a certification or license by the Federal or State.

ATTACHMENT N
FLORIDA HEALTH LICENSES

PLEASE NOTE

Samuel's House is not required to have a certification or license by the Health Department .

ATTACHMENT O
SAMUEL'S HOUSE
EEO POLICY

Equal Employment Statement
Samuel's House, Inc.

Personnel Policy (Per) 2.01. EQUAL EMPLOYMENT AND EQUAL SERVICES OBJECTIVES. It is the policy of SH to provide equal opportunity in all phases of its program and activities to all people, without regard to race, religion, marital status, age, national origin, handicap, or sexual orientation. The personnel policies and practices of SH will be reviewed and approved annually by the Board of Directors and/or the Executive Committee of SH.

Purpose: To provide uniformity in those matters that affect SH personnel.

Procedure: The equal employment/equal opportunity concept will apply to all employment practices, such as recruitment, selection, transfers, promotions, training, compensation, benefits and terminations.

Per 2.01.1 QUALITY RECRUITMENT AND RETENTION. It is the policy of SH to attract the best people for the organization regardless of age, gender, color, race, religion, national origin, sexual orientation or handicap.

Purpose: Retention of best qualified personnel regardless of age, gender, color, race, religion, national origin, sexual orientation or handicap.

Procedure: To implement this policy, SH has established written policies and procedures to provide an operating framework within which to ensure an equitable, efficient, and effective working environment.

Per 2.01.2 RECRUITMENT AND APPOINTMENT. (Purpose and Policy) It is the policy of SH to recruit, hire, train, and promote the best qualified person(s) without regard to age, gender, marital status, color, race, religion, national origin, handicap, sexual orientation or any other discriminatory factor.



SAMUEL'S HOUSE, Inc.

The Mary Spottswood Women's Center
"Speak Lord, for your servant is listening" 1 Samuel 3:9

Final Report Human Services Grant Contract Period 10/01/09 – 09/30/10

**ATTACHMENT P
MOST RECENT HSAB
MONITORING REPORT**

October 08, 2010

One hundred forty nine (149) women and children have been sheltered during the period of 10/01/09 through 09/30/10. Forty nine (49) of these clients were children and One hundred (100) were adults. Fifteen (15) or 10% of these clients were determined to be chronically homeless.

Of the One hundred forty nine (149) clients served, One hundred thirty eight (138) have been residents of Monroe County for one or more years. This equates to 93% of our client population being residents of Monroe County.

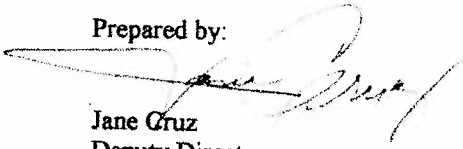
The major cause of these women and children being homeless is poverty, unemployment, loss of income, loss of residence, low wages and lack of affordable housing. Other factors attributing to homelessness include drug and alcohol abuse, domestic violence, eviction, mental illness and HIV/AIDS.

The services provided by Samuel's House in addition to basic living needs are: In-House Case Management, Co-Dependency and AA/NA meetings, Morning and Evening Reflection, Transportation, Life Skills Counseling and basic life skills to include: cooking, household sanitation management and budgeting of limited funds. Samuel's House offers Peer Support Services and workshops to those women struggling with substance abuse and co-occurring disorders. We also have a full time Job Developer/Employment Counselor, with a current success rate of 88% in job placement.

Referrals are made to assist with legal difficulties through Legal Services of the Florida Keys, parenting and child care through Wesley House, anger management, mental health care and substance abuse counseling through Guidance Care Center, Depoo Hospital and the Guidance Clinic of the Middle Keys. Regular referrals are also made to DCF Economic Services, Women Kind, Roosevelt Sands Community Health Center, The Social Security Administration, Vocational Rehabilitation, Workforce, Rural Health Network, Lions Club, Literacy Volunteers and Florida Keys Community College.

*Client Demographics for the grant period are attached:

Prepared by:


Jane Cruz
Deputy Director

79

Data and statistics showing need for HSAB funding is included in the answer to Number 27 of this application.

Program Entry Excluding Household Members

HSAB Funding Request
April 21, 2011

Program: Emergency Shelter

Agency: Samuel's House

Report Run On: 04/14/2011 10:53 AM

Reporting Period 01/01/2010 thru 12/31/2010

2. Persons Served

		Singles	Adults in Families	Children in Families	Families
a.	In program on first day	12	4	8	5
b.	Entered program	73	25	34	23
c.	Left program	72	26	38	25
d.	In program on last day	13	3	4	3

4. No. of non-homeless persons in the program during reporting period: 1
(from items 2a & 2b, columns 1 & 2)

5. Age and Gender - Single Persons (from item 2b, column 1)

Age	Female Count	Total
62 and over	1	1
51-61	17	17
31-50	39	39
18-30	15	15
01 Under	1	1
Total	73	73

Age and Gender - Persons in Families (from item 2b, columns 2 & 3)

Age	Male Count	Female Count	Total
31-50	0	14	14
18-30	0	11	11
13-17	2	2	4
06-12	10	6	16
01-05	7	2	9
01 Under	2	3	5
Total	21	38	59

Items 6-10 are Participants (from item 2b, columns 1 & 2)

	Participants
6a. Veterans	Total: 3
6b. Chronically Homeless	Total: 14
7. Ethnicity	Participants
Hispanic/Latino	22
Non-Hispanic/Non-Latino	76
Total:	98

81

Program Entry Excluding Household Members

Program: Emergency Shelter

Agency: Samuel's House

Report Run On: 04/14/2011 10:53 AM

HSAB Funding Request

April 21, 2011

Reporting Period 01/01/2010 thru 12/31/2010

8. Race	Participants
Black or African American	16
Black/Afr-American & White	1
White	81

Total: 98

9a. Special Needs (Clients may have more than one)

		Participants	
		All	Chronic
a.	Substance Abuse (Alcohol abuse)	23	3
b.	Substance Abuse (Drug abuse)	22	4
c.	Substance Abuse (Both alcohol and drug)	18	2
d.	Physical Disability	10	5
e.	Mental illness	25	4
f.	Illiterate or marginally literate	1	0
g.	HIV/AIDS and related diseases	2	0
h.	Domestic violence	11	0
i.	Developmental disability	0	0
j.	Chronic Health Condition	6	2

9b. Disabled: **Total: 20**

10. Prior Living Situation

		Participants	
		All	Chronic
Non-housing (street, park, car, bus station, etc.)		4	2
Emergency shelter		9	2
Hospital (non-psychiatric)		3	
Hotel or motel paid for without emergency shelter voucher		2	
Jail, prison or juvenile detention facility		19	
Permanent supportive housing for formerly homeless persons		1	
Psychiatric hospital or other psychiatric facility		4	
Rental by client, no ongoing housing subsidy		9	
Rental by client, with VASH housing subsidy		1	
Staying or living in a family member's room, apartment or house		12	
Staying or living in a friend's room, apartment or house		19	
Substance abuse treatment facility or detox center		12	
Transitional housing for homeless persons (including homeless youth)		2	

Program Entry Excluding Household Members

Program: Emergency Shelter

Agency: Samuel's House

Report Run On: 04/14/2011 10:53 AM

HSAB Funding Request

April 21, 2011

Reporting Period 01/01/2010 thru 12/31/2010

Reporting Period Occupancy Detail

Reporting Days: 365 Reporting Nights: 364

Entry Date Within Reporting Period

Client Key	Entry Date	Exit Date	Date Used	Nights Credited	Days Credited
908517	01/18/2010	04/09/2010	04/09/2010	81	82
910940	08/03/2010	08/11/2010	08/11/2010	8	9
929735	03/05/2010	04/10/2010	04/10/2010	36	37
929935	02/22/2010	03/18/2010	03/18/2010	24	25
930778	01/04/2010	01/05/2010	01/05/2010	1	2
930785	01/04/2010	01/05/2010	01/05/2010	1	2
930792	01/04/2010	01/05/2010	01/05/2010	1	2
930888	01/05/2010	02/12/2010	02/12/2010	38	39
930889	01/05/2010	02/12/2010	02/12/2010	38	39
930891	01/05/2010	02/12/2010	02/12/2010	38	39
930897	01/05/2010	05/06/2010	05/06/2010	121	122
932976	01/10/2010	01/13/2010	01/13/2010	3	4
935572	03/05/2010	04/10/2010	04/10/2010	36	37
936837	01/16/2010	03/16/2010	03/16/2010	59	60
936838	01/19/2010	03/16/2010	03/16/2010	56	57
937470	01/19/2010	02/20/2010	02/20/2010	32	33
937472	01/19/2010	02/20/2010	02/20/2010	32	33
937983	01/15/2010	02/14/2010	02/14/2010	30	31
939378	01/26/2010	04/16/2010	04/16/2010	80	81
940514	01/27/2010	04/30/2010	04/30/2010	93	94
940941	09/29/2010	10/06/2010	10/06/2010	7	8
940945	09/29/2010	10/06/2010	10/06/2010	7	8
941802	01/30/2010	04/24/2010	04/24/2010	84	85
942335	02/02/2010	02/05/2010	02/05/2010	3	4
942817	02/03/2010	04/28/2010	04/28/2010	84	85
943335	02/04/2010	07/23/2010	07/23/2010	169	170
943338	02/04/2010	03/09/2010	03/09/2010	33	34
944584	02/08/2010	02/25/2010	02/25/2010	17	18
945060	02/08/2010	03/23/2010	03/23/2010	43	44
945064	02/08/2010	05/06/2010	05/06/2010	87	88
947399	02/15/2010	02/25/2010	02/25/2010	10	11
948901	02/20/2010	03/07/2010	03/07/2010	15	16
955059	03/05/2010	05/29/2010	05/29/2010	85	86
958143	03/19/2010	04/02/2010	04/02/2010	14	15
961289	03/26/2010	06/21/2010	06/21/2010	87	88
962829	04/06/2010	04/07/2010	04/07/2010	1	2
963329	03/31/2010	04/25/2010	04/25/2010	25	26
963330	04/01/2010	04/06/2010	04/06/2010	5	6
964250	06/10/2010	07/07/2010	07/07/2010	27	28
964944	04/07/2010	04/09/2010	04/09/2010	2	3
964968	04/07/2010	04/09/2010	04/09/2010	2	3
964971	04/07/2010	04/09/2010	04/09/2010	2	3
965042	04/09/2010	05/08/2010	05/08/2010	29	30
965385	04/10/2010	04/30/2010	04/30/2010	20	21

Program Entry Excluding Household Members

HSAB Funding Request

April 21, 2011

Program: Emergency Shelter

Agency: Samuel's House

Report Run On: 04/14/2011 10:53 AM

Reporting Period 01/01/2010 thru 12/31/2010

Entry Date Within Reporting Period

Client Key	Entry Date	Exit		Nights Credited	Days Credited
		Date	Date Used		
968958	05/05/2010	09/15/2010	09/15/2010	133	134
973827	05/07/2010	05/20/2010	05/20/2010	13	14
975688	05/12/2010	07/02/2010	07/02/2010	51	52
975692	05/13/2010	05/27/2010	05/27/2010	14	15
979060	05/19/2010	05/22/2010	05/22/2010	3	4
979064	05/22/2010	05/27/2010	05/27/2010	5	6
979166	05/25/2010	07/25/2010	07/25/2010	61	62
980084	11/07/2010		12/31/2010	54	55
980110	05/26/2010	07/25/2010	07/25/2010	60	61
983385	06/07/2010	07/03/2010	07/03/2010	26	27
983391	06/07/2010	07/03/2010	07/03/2010	26	27
983404	06/08/2010	08/23/2010	08/23/2010	76	77
983458	06/05/2010	06/23/2010	06/23/2010	18	19
984921	06/11/2010	06/25/2010	06/25/2010	14	15
984923	06/10/2010	07/07/2010	07/07/2010	27	28
985398	06/10/2010	06/26/2010	06/26/2010	16	17
985438	06/11/2010	07/15/2010	07/15/2010	34	35
985447	06/11/2010	07/15/2010	07/15/2010	34	35
986990	06/17/2010	07/02/2010	07/02/2010	15	16
988471	06/21/2010	07/23/2010	07/23/2010	32	33
988496	11/07/2010		12/31/2010	54	55
991450	06/28/2010	07/03/2010	07/03/2010	5	6
1008757	07/01/2010	07/03/2010	07/03/2010	2	3
1011422	07/07/2010	10/07/2010	10/07/2010	92	93
1015312	07/16/2010	10/16/2010	10/16/2010	92	93
1016168	07/16/2010	09/08/2010	09/08/2010	54	55
1016740	07/17/2010	09/08/2010	09/08/2010	53	54
1016755	07/17/2010	09/08/2010	09/08/2010	53	54
1016759	07/17/2010	09/08/2010	09/08/2010	53	54
1016764	07/17/2010	09/08/2010	09/08/2010	53	54
1019788	07/23/2010	08/23/2010	08/23/2010	31	32
1025247	08/02/2010	09/03/2010	09/03/2010	32	33
1028407	08/05/2010	12/19/2010	12/19/2010	136	137
1028431	08/10/2010	11/22/2010	11/22/2010	104	105
1029357	08/11/2010	08/15/2010	08/15/2010	4	5
1032568	11/07/2010		12/31/2010	54	55
1033096	08/13/2010	11/08/2010	11/08/2010	87	88
1038156	08/19/2010	08/22/2010	08/22/2010	3	4
1043860	08/22/2010	09/27/2010	09/27/2010	36	37
1043861	08/22/2010	09/27/2010	09/27/2010	36	37
1049809	09/01/2010	09/08/2010	09/08/2010	7	8
1052447	09/07/2010	09/15/2010	09/15/2010	8	9
1052451	09/07/2010	09/15/2010	09/15/2010	8	9
1052459	09/02/2010	09/03/2010	09/03/2010	1	2

Program Entry Excluding Household Members

HSAB Funding Request

April 21, 2011

Program: Emergency Shelter

Agency: Samuel's House

Report Run On: 04/14/2011 10:53 AM

Reporting Period 01/01/2010 thru 12/31/2010

Entry Date Within Reporting Period

Client Key	Entry Date	Exit Date	Date Used	Nights Credited	Days Credited
1054600	09/03/2010	10/07/2010	10/07/2010	34	35
1054609	09/09/2010	11/02/2010	11/02/2010	54	55
1054612	09/09/2010	11/02/2010	11/02/2010	54	55
1067333	10/22/2010	12/20/2010	12/20/2010	59	60
1067373	10/22/2010	12/20/2010	12/20/2010	59	60
1068673	09/17/2010	10/16/2010	10/16/2010	29	30
1068681	09/17/2010	10/16/2010	10/16/2010	29	30
1071351	09/23/2010	01/07/2011	12/31/2010	99	100
1071378	09/27/2010	11/05/2010	11/05/2010	39	40
1071390	09/27/2010	11/05/2010	11/05/2010	39	40
1071397	09/27/2010	11/05/2010	11/05/2010	39	40
1071404	09/30/2010	11/05/2010	11/05/2010	36	37
1074765	09/29/2010	10/06/2010	10/06/2010	7	8
1075181	10/03/2010	12/02/2010	12/02/2010	60	61
1075204	09/29/2010	12/10/2010	12/10/2010	72	73
1078983	10/11/2010	01/11/2011	12/31/2010	81	82
1078984	10/11/2010	01/11/2011	12/31/2010	81	82
1078985	10/13/2010	11/08/2010	11/08/2010	26	27
1081502	10/23/2010	01/21/2011	12/31/2010	69	70
1084240	10/29/2010	01/13/2011	12/31/2010	63	64
1086917	11/03/2010	11/25/2010	11/25/2010	22	23
1086918	11/03/2010	11/25/2010	11/25/2010	22	23
1086919	11/03/2010	11/25/2010	11/25/2010	22	23
1087788	11/05/2010	11/10/2010	11/10/2010	5	6
1088457	11/06/2010	11/06/2010	11/06/2010	0	1
1089614	11/14/2010		12/31/2010	47	48
1091980	11/18/2010	03/29/2011	12/31/2010	43	44
1091989	11/17/2010	12/09/2010	12/09/2010	22	23
1091991	11/20/2010	12/09/2010	12/09/2010	19	20
1091994	11/17/2010	12/09/2010	12/09/2010	22	23
1093574	11/21/2010	11/24/2010	11/24/2010	3	4
1093621	11/27/2010	03/14/2011	12/31/2010	34	35
1093637	11/29/2010	02/25/2011	12/31/2010	32	33
1094788	11/23/2010	02/04/2011	12/31/2010	38	39
1094920	11/29/2010	12/01/2010	12/01/2010	2	3
1098963	12/01/2010	12/29/2010	12/29/2010	28	29
1098970	12/01/2010	01/03/2011	12/31/2010	30	31
1101081	12/07/2010	01/02/2011	12/31/2010	24	25
1101082	12/02/2010	03/25/2011	12/31/2010	29	30
1103295	12/07/2010	02/18/2011	12/31/2010	24	25
1103299	12/07/2010	02/18/2011	12/31/2010	24	25
1103306	12/07/2010	12/29/2010	12/29/2010	22	23
1103309	12/22/2010	03/04/2011	12/31/2010	9	10
1103313	12/11/2010	01/25/2011	12/31/2010	20	21

Program Entry Excluding Household Members

Program: Emergency Shelter

Agency: Samuel's House

Report Run On: 04/14/2011 10:53 AM

HSAB Funding Request

April 21, 2011

Reporting Period 01/01/2010 thru 12/31/2010

Entry Date Within Reporting Period

Client Key	Entry Date	Date	Exit Date Used	Nights Credited	Days Credited
"Within" Total:				5,008	5,140

Entry Date Before Reporting Period

Client Key	Entry Date	Date Used	Exit Date	Date Used	Nights Credited	Days Credited
899834	11/20/2009	01/01/2010	09/22/2010	09/22/2010	264	265
899836	11/20/2009	01/01/2010	09/22/2010	09/22/2010	264	265
899837	11/20/2009	01/01/2010	09/22/2010	09/22/2010	264	265
908435	11/03/2009	01/01/2010	01/19/2010	01/19/2010	18	19
908446	10/28/2009	01/01/2010	01/22/2010	01/22/2010	21	22
908516	10/29/2009	01/01/2010	02/05/2010	02/05/2010	35	36
909770	12/13/2009	01/01/2010	03/07/2010	03/07/2010	65	66
911447	11/10/2009	01/01/2010	02/08/2010	02/08/2010	38	39
915033	11/07/2009	01/01/2010	03/02/2010	03/02/2010	60	61
915048	11/07/2009	01/01/2010	03/02/2010	03/02/2010	60	61
915064	11/07/2009	01/01/2010	03/02/2010	03/02/2010	60	61
915682	11/07/2009	01/01/2010	03/02/2010	03/02/2010	60	61
919411	12/01/2009	01/01/2010	02/20/2010	02/20/2010	50	51
919413	11/30/2009	01/01/2010	02/20/2010	02/20/2010	50	51
920635	12/02/2009	01/01/2010	04/03/2010	04/03/2010	92	93
920636	12/02/2009	01/01/2010	04/03/2010	04/03/2010	92	93
922682	12/07/2009	01/01/2010	02/26/2010	02/26/2010	56	57
924579	12/08/2009	01/01/2010	01/11/2010	01/11/2010	10	11
924591	12/10/2009	01/01/2010	02/27/2010	02/27/2010	57	58
928560	12/18/2009	01/01/2010	03/16/2010	03/16/2010	74	75
929638	12/30/2009	01/01/2010	03/12/2010	03/12/2010	70	71
929639	12/30/2009	01/01/2010	03/11/2010	03/11/2010	69	70
937463	01/21/1910	01/01/2010	03/16/2010	03/16/2010	74	75
953031	12/31/2009	01/01/2010	03/19/2010	03/19/2010	77	78

"Before" Total: 1,980 2,004

Average Daily Occupancy: 19.63

Grand Total: 6,988 7,144

Average Nightly Occupancy: 19.2

Program Entry Excluding Household Members

Program: Emergency Shelter

Agency: Samuel's House

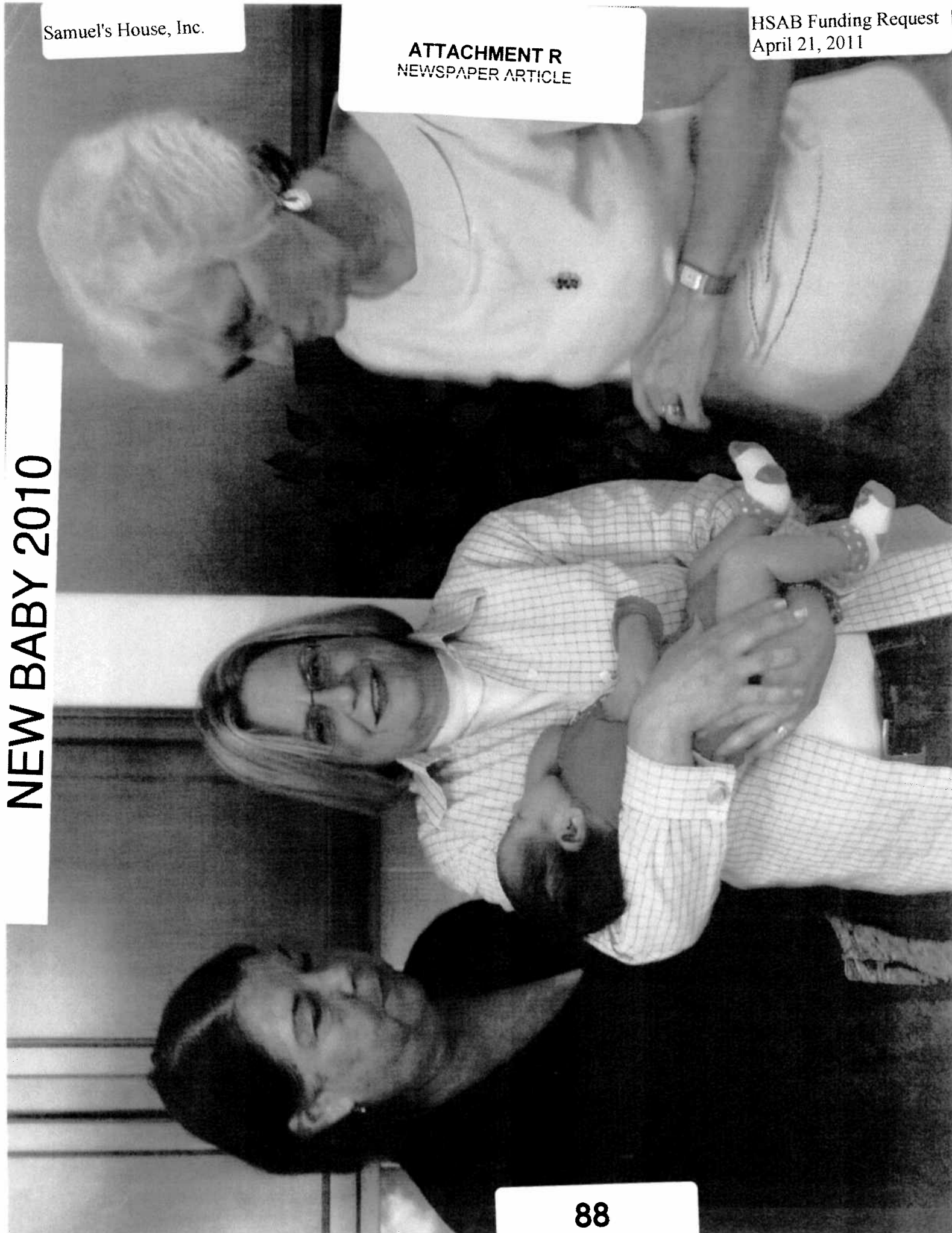
Report Run On: 04/14/2011 10:53 AM

HSAB Funding Reques

April 21, 2011

Reporting Period 01/01/2010 thru 12/31/2010

NEW BABY 2010



SECOND HAND SAM'S

Samuel's House, Inc.

HSAB Funding Request
April 21, 2011



Opening time at Second Hand Sam's - with employees and volunteers ready to work together. The staff is, from left to right, Jamie Gomez Reyes, Jean Pierre Louis, Debra Chalmers, Alexander Pieze and Mandy Hernandez. The store is open Tuesdays through Saturdays at 5341 5th Avenue, Stock Island.

Second Chances at Second Hand Sam's

By Jennifer Roeper

If you aren't looking for Second Hand Sam's, you might miss it. Tucked into an unassuming storefront on Stock Island, you can't tell from the road that Sam's is a 16,000 square foot shop and warehouse that sells everything from clothes and coffee cups to televisions and end tables. And you certainly can't see from its exterior all the good that it does for the community.

Second Hand Sam's is a thrift store operated by Samuel's House, a Key West shelter for homeless women and children. Generous community members donate gently used items to the store, and the proceeds from the sale of these items benefit Samuel's House.

But Second Hand Sam's role in the community doesn't stop there. It serves as an affordable source of clothing and living needs for those unable to pay retail prices and provides vouchers

for clothes to those who truly have nothing. They also donate goods to local churches, schools, AIDS Help, and other organizations for use in their community services.

"It's a very fulfilling job," says Debra Chalmers, who has worked at the store for four years and serves as a manager. "We have the opportunity to help a lot of people in a lot of different ways."

Chalmers is very excited about a new program called Transition to Work, which partners them with local businesses to put disabled employees to work in the store. Their employer then pays them for their time at Secondhand Sam's. "We can use all the help we can get," Chalmers says, "and we're glad to be able to help those who might have been otherwise unable to work."

Elmira Leto, founder and president of Samuel's House, stresses that Second Hand Sam's is deeply indebted to their volunteers, some whom work there daily. The generosity of Murray

and Piza Stellar, owners of the building that the store inhabits who generously charge a minimal rent, also make Second Hand Sam's existence possible.

And Second Hand Sam's helps make financially possible the work of Samuel's House. Since founded by Leto in 1999, Samuel's House has helped more than 4,200 women and children during the times they've needed it most.

The organization has a ninety-day emergency shelter for single women and women with children who may have otherwise found themselves living on the street. Some of their clients are also victims of crimes with nowhere else to turn or court-ordered boarders who need monitoring and assistance in finding social stability.

While Samuel's house provides help with addiction and mental help problems and empowers boarders to live healthy, successful lives, Leto underscores the fact this it's not a free ride. While living there, those who are able to

work must find a job, do daily chores, and adhere to house rules.

It's because of these principles that Samuel's House has found great success in its mission to help its women become self-sufficient. "We're very proud of our results," Leto says. "We've put 85 percent of the women who come to us to work, and the national average for this kind of organization is 32 percent."

This success and the continued support and generosity of the community has allowed Samuel's House to expand and include two new residences. Kathy's Hope is a sixteen-bedroom facility, each having its own bathroom but sharing a common living room. Boarders are encouraged to live there one year or more to participate in and complete their recovery program. Casa de Meredith is an even newer residence that opened on December 18, 2010. It has seven two-bedroom units